



Benefits


Pacific Northwest
NATIONAL LABORATORY

*Proudly Operated by **Battelle** Since 1965*

2013 BENEFITS GUIDE

FOR COVERAGE EFFECTIVE JANUARY 1, 2013

HEALTH BENEFITS INFORMATION FOR RETIREES OF
PACIFIC NORTHWEST NATIONAL LABORATORY

- Non-Medicare Eligible
- Medicare Eligible
- LTD > 2 Years

Inside the 2013 Benefits Guide

What's Inside

Welcome to Your 2013 Benefits.....	Page 3
We're Here to Help.....	Page 3
Important Anthem Information.....	Page 4
Vision Coverage.....	Page 5
Prescription Drug Benefits.....	Page 7
Dental Plan.....	Page 11
When and How to Contact PNNL.....	Page 14
Other PNNL-Related Contacts.....	Page 15
Battelle Employees' Savings Plan.....	Page 16
Resources.....	Page 17
Glossary of Key Benefits Terms.....	Page 18

Many key benefits terms, such as “co-payment” and “co-insurance,” are defined in the glossary at the end of this guide.

Important Notice of Summarized Information:

This summary outlines the features of several benefits plans available to eligible retirees. While we have attempted to describe the benefits as accurately as possible, due to the relatively brief nature of this summary and the complexity of the plans that govern these benefits, some details may not be described or may be described only briefly. Consequently, any conflicts between this summary and the actual legal plan document will be controlled by the terms of the legal plan document, not this summary. Likewise, any confusion about the plans that arise from reading this summary should be resolved by referring to the actual legal plan document. Battelle reserves the right to amend the plans at its discretion.

Welcome to Your 2013 Benefits

Each fall, we focus on our benefits for the coming year. This guide provides an overview of the medical and dental benefits offered to you by Pacific Northwest National Laboratory. Please take time to read this booklet and keep it as a reference all year.

If you want to keep the same coverage that you already have, you do not need take any action. You will be automatically enrolled in benefits based on your 2012 coverage.

This year, rates have changed and there are plan design changes. For detailed information, please read through your 2013 Benefits Guide and refer to your Retiree Medical and Dental Plan Summary.

We're Here to Help

We are committed to helping you understand the total value of your retiree health benefits. Throughout this booklet, we have outlined many resources for you to learn more about your benefit plans.

In addition to these resources, *we are here to help*. Please see the **“When and How to Contact PNNL”** section of this booklet for additional information.

PNNL Benefits Office Pacific Northwest National Laboratory 902 Battelle Boulevard P.O. Box 999, MS K1-34 Richland, WA 99352	(509) 375-6361 http://benefits.pnnl.gov/retirees.stm ask.benefits@pnnl.gov
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2013 Highlights

- A new customized solution called **PNNL Extended Days Supply Network** will be available effective January 1, 2013. This solution allows retirees with no CVS/Pharmacy access to pick-up a 90-day prescription at select retail pharmacies in Eastern Washington State (see page 7 for details).
- Medical rates have changed to reflect increases due to plan experience and alignment with financial targets. However, Dental rates have decreased to reflect good experience in that plan.
- The individual and family deductibles for the Battelle Network Only Plan for Retirees Not Eligible for Medicare (“Non-Medicare Eligible Plan”) will increase to \$150/individual and \$450/family in 2013.
- The Specialist co-pay will increase to \$35 in 2013.
- Vision (available under the Non-Medicare Eligible Plan only) and dental benefits will remain the same in 2013.

Important Anthem Information for All Retiree Medical Plan Enrollees

Please refer to the enclosed Retiree Medical and Dental Plan Summary for detailed information about your medical coverage.

Find Your Doctor

Visit www.anthem.com then:

- Click on “Find a Doctor”
- Follow the steps on the screen
- Under “What insurance plan would you like to use?” you can enter the alpha prefix BZM for the Retiree Network Only Plan or BTK for the Retiree Medicare Complement Plan

Ask a Nurse

When you have general health questions or need guidance for critical health concerns, call the Anthem 24-Hour Nurse Line at (888) 596-9473 to speak confidentially to an experienced registered nurse.

Manage Your Medical Plan Online

Registering on Anthem’s website not only allows you to search for providers but also provides you with the ability to access your claims and payment information, request a new ID card and view tools to help you make health management decisions. When on Anthem’s homepage, choose “Register Now” under “Member Log In.” Enter your personal information, including your Member ID Number found on your ID card. For security reasons, you will also be asked to put in the security code that is shown. Click “Save & Continue” and enter a username and password, choose your notification preferences and confirm your registration. Helpful hints are given throughout your registration to help you finish each step. Look for them on the right-hand side of your computer screen.

Please be aware, if you wish to view information for your spouse and/or children who are older than 18, you must ask them to assign you viewing rights to their medical plans through Anthem’s website.

Your Quick Reference Guide to Anthem

Anthem Customer Service 5:00 a.m. – 7:00 p.m. PT Monday – Friday	(800) 514-3021
Anthem 24-Hour Nurse Line 24 hours a day, 7 days a week	(888) 596-9473
Anthem Website	www.anthem.com

Vision Coverage

Anthem Blue View Vision

If you are enrolled in Battelle's Network Only Medical Plan for Retirees not eligible for Medicare, you will automatically receive vision exam coverage under the Anthem medical plan. You must use an in-network vision exam provider in order for the exam to be covered.

Your vision hardware will be covered under separate coverage with Anthem Blue View Vision. While you can use a non-network provider for vision hardware, your benefits under the vision coverage will be greater if your provider is part of the Anthem Blue View Vision network. **Please refer to the Retiree Medical and Dental Plan Summary for additional information about your vision coverage.**

**There is no vision exam or hardware coverage under the Battelle Medical Complement Plan for Retirees Eligible for Medicare.*

How to Search for a Network Vision Exam Provider

Visit www.anthem.com, then:

- Click on "Find A Doctor"
- Under "What are you looking for?" click on "Doctor/Medical Professionals"
- Then under "Specialty", click on "Optometry"
- Enter your location information
- Under "What insurance plan would you like to use?" enter the alpha prefix BZM. This will allow you to search for providers within PNNL's plan.

How to Search for a Network Vision Hardware Provider

Visit www.anthem.com, then:

- Click on "Find A Doctor"
- Under "What are you looking for?" click on **Vision**
- Select to search by "Professional" or "Facility"
- Under "What insurance plan would you like to use?" search by selecting a plan:
State = Choose State
Plan Type = Vision Plans
Plan Name = Blue View Vision

Frequency of Services (based on a rolling timeline, not per calendar year)

- Vision Exam - 12 months
- Lenses - 12 months
- Frames - 24 months
- Contact Lenses - 12 months (contact lenses are in lieu of lens allowance)

Filing Your Vision Hardware Claim

An in-network provider will file the claim on your behalf. If you visit an out-of-network vision hardware provider, you will need to obtain, complete and submit a claim form. You can find the form at <http://benefits.pnnl.gov/retirees.stm>.

Manage Your Vision Claims Online

In addition to searching for providers, registering on Anthem’s website at www.anthem.com also provides you with the ability to access your vision claims information.

Your Quick Reference to Anthem Blue View Vision

<i>Anthem Blue View Vision Customer Service</i> 5:00 a.m. – 5:00 p.m. PT, Monday - Friday	(866) 723-0515
<i>Anthem Blue View Vision Website</i>	www.anthem.com

Prescription Drug Benefits – All Retiree Medical Plans

Having a prescription drug benefit helps manage the cost of your prescription needs. Regardless of which medical plan you are enrolled in, your prescription drug coverage will be administered by CVS Caremark. There are four components to your prescription drug program:

CVS Caremark Retail Program

When filling prescriptions for short-term, acute care medications, such as antibiotics, and when filling a new prescription for a new therapy, it is important that you use a participating retail network pharmacy to receive your full plan benefit. Most large chain and local retail pharmacies are part of the CVS Caremark retail network, including more than 64,000 participating pharmacies nationwide, such as CVS, Walgreens, Fred Meyer and others.

CVS Caremark Mail Order Program/PNNL Extended Days Supply Network

The CVS Caremark Mail Order Program is a cost-effective and convenient choice for long-term medications. You will receive up to a 90-day supply delivered right to your door for a lower cost than you would pay for three 30-day fills at a retail pharmacy. Mail order is required for all maintenance medications, or you can get a 90-day supply at your local CVS pharmacy.

PNNL and CVS Caremark is pleased to introduce the **PNNL Extended Days Supply Network** effective January 1, 2013. The PNNL Extended Days Supply Network is a customized solution to allow PNNL retirees the ability to fill a 90-day prescription at the mail service co-pay at the retail pharmacies in the Washington State locations listed below.

This option is only available at the four Wal-Mart pharmacies listed in the chart and only applies to PNNL retirees.

PNNL Extended Days Supply Network Pharmacies			
Wal-Mart Pharmacy	2720 S. Quillan Street	Kennewick, WA 99337	509-586-1574
Wal-Mart Pharmacy	4820 N Road 68	Pasco, WA 99301	509-543-7947
Wal-Mart Pharmacy	2801 Duportail Street	Richland, WA 99352	509-628-1370
Wal-Mart Pharmacy	1700 SE Meadowbrook Blvd	College Place, WA 99324	509-525-3626

To fill your 90-day prescription at one of the PNNL Extended Days Supply Pharmacies, simply ask your doctor for a 90-day prescription to call in or take to one of the local retail pharmacies listed above.

As always, you can still participate in the “90 days retail same as mail program” at any CVS/Pharmacy.

- Retirees living in Seattle, WA area can fill a 90-day retail supply at The Care Plus CVS/Pharmacy located at:
1001 Madison Street
Seattle, WA 98104
Phone: (206) 381-1259
- Retirees living in Portland, OR area can fill a 90-day retail supply at The Care Plus CVS Pharmacy located at:
1309 NS 23rd Aveunue
Portland, OR 97210
Phone: (503) 295-7941

CVS Caremark Specialty Pharmacy Services

The CVS Caremark Specialty Pharmacy is designed for individuals who take medications for certain chronic or genetic conditions. If your medication qualifies for Specialty Pharmacy Services, CVS Caremark will notify you at the time you fill your specialty prescription. This benefit offers convenient delivery of your specialty medicines, personalized service, and educational support for your specific therapy. CVS Caremark assigns a team of professionals to help you successfully manage your condition and improve your quality of life. This service includes 24-hour phone access to a clinical pharmacist for consultation at no additional cost to you.

CVS Caremark Value Generic Program

A select list of more than 100 generic medications called the Value Generic Drug List is available at a reduced co-payment amount of \$3.33 for a 30-day supply at any retail pharmacy in the Caremark national network, and \$9.99 for a 90-day supply through mail order or obtained at one of the PNNL Extended Days Supply Pharmacies or the local CVS pharmacy. The list of drugs available on this program, which is comparable to those on other retailers’ special programs, will be updated quarterly by Caremark and posted on www.caremark.com.

Your Prescription Drug Benefits

Type of Drug	Retail Co-pay		Mail Order Co-pay (90-day supply)
	Cost of Medication	What You Pay	What You Pay
Value Generic		The actual cost of Rx or \$3.33 for a 30-day supply, whichever is less	The actual cost of Rx or \$9.99 for a 90-day supply, whichever is less
Generic	\$10 or less	The actual cost of Rx	\$20 co-pay
	More than \$10	\$10 co-pay	
Formulary (Preferred) Brand	\$50 or less	The actual cost of Rx	The greater of \$100 or 30% of Rx cost up to a maximum of \$160
	More than \$50	The greater of \$50 or 30% of Rx cost up to a maximum of \$80	
Non-formulary (Non-preferred) Brand	\$70 or less	The actual cost of Rx	The greater of \$140 or 30% of Rx cost up to a maximum of \$260
	More than \$70	The greater of \$70 or 30% of Rx cost up to a maximum of \$130	
Specialty Drugs*			\$80 for a 30-day supply Specialty Pharmacy Mail Order Only

How Much Will Your Medicine Cost?

Your cost for formulary and non-formulary drugs is determined by a co-insurance percentage. For instance, if you fill a prescription for a 30-day supply of a formulary drug and the cost of it is \$168, you would pay 30 percent of the total which is \$50.40.

If the actual cost of the drug is less than the minimum co-payment amount, you will always pay the actual cost of the drug. So, if you fill a prescription for a 30-day supply of a formulary drug and the cost of it is \$48 and the minimum co-payment is \$50, you would only pay \$48.

To determine the cost of your medications, you can log in to www.caremark.com, click on the "Understand My Plan and Benefits" tab and enter your medication(s). If you are not registered on Caremark's site, the drug cost calculator is also available on www.caremark.com/battelle/, Caremark's customized site for PNNL plan participants.

Additional Resources

Go to PNNL’s Benefits internet site <http://benefits.pnnl.gov/retirees.stm> or www.caremark.com/battelle for more information on:

- Maintenance Medications drug list and benefits
- Prior authorization process and the list of drugs that require prior authorization
- List of medications that do not qualify for benefits because there is an exact over-the-counter equivalent
- Formulary drug list, also called the Performance Drug List or "PDL" by Caremark
- Value Generics list

Your Quick Reference Guide to CVS Caremark

Please use the resources below to find out more about filling your prescription through the retail pharmacy or the mail order program.

<i>Caremark’s PNNL Dedicated Customer Service</i> 24 hours a day, 7 days a week	(877) 668-8993
<i>CVS Caremark’s Website</i>	www.caremark.com
<i>Pre-Enrollment Website</i>	www.caremark.com/battelle

Dental Plan

Delta Dental PPO Plan

If you are enrolled in the dental plan, you are covered under Delta Dental PPO, a preferred provider organization (PPO) program. *Delta Dental PPO provides you with access to two of the nation's largest networks of participating dentists: the Delta Dental PPO Network and the Delta Dental Premier Network.* Delta Dental PPO offers the widest selection of participating dentists available anywhere.

You are free to go to any licensed dentist, regardless of whether that dentist participates in the Delta Dental programs. However, you are likely to save money and time by going to a dentist who participates in one of the two Delta Dental networks where the participating dentists submit the claim forms for you. If you go to a dentist who does not participate in the Delta Dental PPO or Delta Dental Premier Network, you will still have benefits. Covered services will be paid according to the Plan of Benefits outlined on page 13. You will need to pay your dentist and submit your claim yourself. Delta Dental will reimburse you for the amount covered by the plan.

The Difference Between Network and Non-participating Dentists

	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-participating Dentist
What is the payment based on?	The billed fee or the amount in your dentist local PPO Fee Schedule, whichever is less	The billed fee or the Maximum Approved Fee, whichever is less	The billed fee or the Non-participating Dentist Fee, whichever is less
Payment example of a Class II dental benefit (assuming deductible has been met)	Billed charges: \$100 PPO Fee Schedule amount: \$76 Delta Pays 80% of the PPO fee schedule: \$60.80 Member Pays: \$15.20 The PPO dentist cannot charge you the \$24 difference between the	Billed charges: \$100 Maximum Approved Fee: \$92 Delta Pays 80% of the Maximum Approved Fee: \$73.60 Member Pays: \$18.40 The Premier dentist cannot charge you the	Billed charges: \$100 Non-participating Dentist Fee: \$93 Delta Pays 80% of the Non-participating Dentist Fee: \$74.40 Member Pays: \$25.60 Because the dentist does not participate, you are responsible for the

	PPO Fee Schedule amount and his/her fee	\$8 difference between the Maximum Approved Fee and his /her fee	difference between Delta's payment and his/her fee.
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Your Dental Plan Services and Coverage through Delta Dental of Ohio

	PPO Dentist	Premier Dentist	Nonparticipating Dentist*
	Plan Pays	Plan Pays	Plan Pays
Class I Benefits			
Diagnostic and Preventive Services - includes exams, cleanings, fluoride, and space maintainers		100%	
Emergency Palliative Treatment - to temporarily relieve pain		100%	
Brush Biopsy - to detect oral cancer		100%	
Radiographs - X-rays		100%	
Deductible	\$50 for individual / \$150 for family		
Class II Benefits			
Minor Restorative Services - includes fillings		80%	
Periodontic Services - to treat gum disease		80%	
Endodontic Services - includes root canals		80%	
Oral Surgery Services - extractions and dental surgery		80%	
Other Basic Services - misc. services		80%	
Class III Benefits			
Relines and Repairs - to bridges and dentures		50%	
Major Restorative Services - includes crowns		50%	
Prosthodontic Services - includes bridges and dentures		50%	
Implants - endosteal implants to replace missing teeth		50%	
Occlusal Guards		50%	

**When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's specified Nonparticipating Dentist Fee that will be paid for those services. This Nonparticipating Dentist Fee will likely be less than the fee charged by your dentist, and you will be responsible for the difference.*

- The maximum annual benefit is \$1,500 per covered individual.
- The annual deductible is \$50 per covered person/\$150 per covered family.
- The deductible does not apply to Class I covered services.
- Oral exams are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year.
- Fluoride treatments are payable twice per calendar year for covered individuals up to age 19.
- Implants and implant-related services are payable once per tooth in any five-year period.

- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period.
- Composite resin (white) restorations are optional treatment on posterior teeth. This means that the Plan will pay only the amount that it would have paid to restore the tooth with amalgam. You are responsible for the difference in cost.
- Porcelain crowns are optional treatment on posterior teeth. This means that the Plan will pay only the applicable amount that it would have paid for a full metal crown.
- There is no orthodontia coverage.

Find Your Dentist

If you would like the names of participating dentists near you, call Delta Dental’s toll-free Customer Service department at (800) 524-0149. You can also access the dentist directory on their website at www.deltadentaloh.com.

To find in-network dentists:

- Click “Find A Dentist” on the top right-hand side of the page
- Select “Delta Dental PPO or Premier Network”
- Under “Product Selection” choose “Delta Dental PPO” or “Delta Dental Premier”
- You can search by dentist name, location, or specialty

When you search for dental providers, you can search the Delta Dental PPO Network or the Delta Dental Premier Network. Both the PPO and Premier Network providers will submit claims for you, and cannot bill you for any amount over the Delta fee schedule. You may experience greater cost savings by selecting a PPO dental provider since their negotiated fees are lower than the fees for the Premier providers.

Identification Cards

Although you do not need to show your identification card to your dentist to receive benefits for dental treatment, you may wish to carry the card with you for informational purposes since Delta Dental’s toll-free telephone number and website are printed on the card. You can also register on www.deltadentaloh.com and print identification cards.

To register on Delta’s website:

- Click on “Individuals/Members”
- Select “Consumer Toolkit”
- Select the link to register in the middle of the page

Your Quick Reference to Delta Dental

Delta Dental Customer Service 5:30 a.m. – 5:00 p.m. PT, Monday – Friday	(800) 524-0149
Delta Dental Website	www.deltadentaloh.com

When and How to Contact PNNL

Life Events and Changing Your Coverage

Under plan provisions, certain life events and actions trigger the requirement for you to notify PNNL and make a change to your level of coverage. Although there are no life events which allow you to increase your level of coverage, some events will require you to reduce your level of coverage or terminate your coverage altogether. These life events and actions, as listed below, should be reported to the Benefits Office as soon as possible.

If you have already experienced one of these life events or other actions and have not contacted the Benefits Office, please do so immediately.

Life Events and Other Actions

- Marriage, if you are a surviving spouse
- Divorce
- Death of a covered dependent
- Dependent no longer meets eligibility criteria
- Become Medicare eligible prior to age 65
- Enroll in a Medicare Part D plan

You have the right to reduce or cancel your medical and/or dental coverage at any time. Requests to cancel coverage or reduce your level of coverage for Medical or Dental must be received in writing by the 7th day of the month prior to the month you wish the change to be effective (e.g., request for changes to be effective May 1 must be received by the Benefits Office no later than April 7).

If you drop coverage for yourself or a dependent, eligibility is forfeited and you may only re-enroll if you enroll and maintain coverage in a Medicare Advantage Plan after completing the Election to Terminate Battelle Retiree Medical Coverage form, available from the Benefits Office. You may then re-enroll at a later date for the following reasons:

- **One-time free election, no reason needed**
- **During an Open Enrollment Period**
- **Anytime there is an involuntary loss of coverage under the Medicare Advantage Plan, provided application is made within 31 days of such loss of coverage. If application is made within 31 days, coverage will be effective as of the first of the month following the loss of coverage.**

Please note that this exception applies to the retiree and spouse only and that dependent children cannot be re-enrolled.

Who to Contact:

PNNL Benefits Office Pacific Northwest National Laboratory 902 Battelle Boulevard P.O. Box 999, MS K1-34 Richland, WA 99352	Phone: (509) 375-6361 Fax: (509) 375-4455 http://benefits.pnnl.gov/retirees.stm ask.benefits@pnnl.gov
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Change of Address

A Change of Address Request form must be completed in order to process your address change. The form is available online at <http://benefits.pnnl.gov/retirees.stm>. You may also contact the Benefits Office for a hardcopy to be mailed to you. Complete and return the Change of Address Request to the address listed on the form. Change of address notification will be sent by Benefits to all appropriate areas (e.g. Anthem, Delta, Caremark, Vanguard, and Pension).

Pension Checks/Direct Deposit

Do you want to change your tax withholding or your direct deposit information? Do you need to report non-delivery of a pension check after a 3-4 day allowance for mail delay? Please call:

Barb Ferguson , Benefits Finance 4:00 a.m. – 1:00 p.m. PT, Monday – Friday	(614) 424-6172 fergusonb@battelle.org
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Direct Payment of Medical/Dental Premiums

Do you mail your medical and/or dental premiums to PayFlex? If you have questions, please call PayFlex between 8 a.m. and 7 p.m. Central Time.

PayFlex Systems USA, Inc. P.O. Box 2239 Omaha, NE 68103-2239	(800) 359-3921 www.healthhub.com
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Your 2013 coupons will be mailed in December.

Other PNNL-Related Contacts

Life@PNNL

Even after you retire, Life@PNNL is here as your PNNL one-stop-shop. Visit <http://life.pnnl.gov> to stay up to date on:

- Benefits information
- Staff social activities
- Team Battelle

And, don't forget to sign up for our online discount program, Perks Card, to keep saving money even after you retire.

1. Go to www.perkscard.com
2. Click "Register Now" located on the top of the homepage
3. In the field labeled "Your Group Code" (second field), simply enter **BPND11**
4. Fill out your profile information and click "Register" at the bottom

Battelle Employees' Savings Plan

Vanguard	
Non- Bargaining Plan Number	092024
Bargaining Plan Number	093233
Phone	(800) 523-1188
Website	www.vanguard.com or http://battelle.vanguard-education.com

- Call Vanguard's 24-hour automated VOICE Network to conduct transactions, get detailed information, and more. You'll need your personal identification number (PIN) to use the voice automated system. If you do not have a PIN, call the same number and speak with a Vanguard Participant Services Associate.
- Call and speak with a Vanguard Participant Services Associate to get answers to your questions or help with transactions Monday through Friday from 8:30 a.m. to 9 p.m. Eastern time, or 5:30 a.m. to 6 p.m., Pacific Time
- Go to <http://battelle.vanguard-education.com>. This website provides information specifically related to the Battelle Employees' Savings Plan. In addition, it can help you manage your account, research your investment options, or learn how to maximize your savings.
- When you log on to www.vanguard.com, you can check your account balance, conduct transactions, research funds, and use financial planning tools. If you haven't registered for online access, you'll need your Plan number (see Vanguard contact info above).

Resources

Contact information for claims administrators is provided throughout this document and repeated below. Other useful contact information is provided for your convenience.

Anthem Medical Plan	Customer Service 24-Hour Nurse Line Website	(800) 514-3021 (888) 596-9473 www.anthem.com
Anthem Blue View Vision (Non-Medicare Eligible Retirees Only)	Customer Service Website	(866) 723-0515 www.anthem.com
CVS Caremark	PNNL-dedicated Customer Service CVS Caremark Website Pre-Enrollment Website	(877) 668-8993 www.caremark.com www.caremark.com/battelle
Delta Dental	Customer Service Website Claims Only Address Written Inquires Address	(800) 524-0149 www.deltadentaloh.com P.O. Box 9085, Farmington Hills, MI 48333-9085 P.O. Box 9089, Farmington Hills, MI 48333-9089
Vanguard	Non-Bargaining Plan Number Bargaining Plan Number Phone Website	092024 093233 (800) 523-1188 www.vanguard.com or http://battelle.vanguard-education.com
Social Security Administration	Customer Service Website	(800) 772-1213 www.ssa.gov
Medicare	Customer Service Website	(800) 633-4227 www.medicare.gov
Unum – Retiree Life Insurance	Customer Service	(866) 269-0978
Unum – LTD Claim Contact	Customer Service	(800) 858-6843

Glossary of Key Benefits Terms

There are many key terms regarding your benefits mentioned throughout this guide. Please refer to this glossary, should you need clarification of a term to better understand your coverage.

Claims Administrator – The insurance organization with whom Battelle has contracted to process claims in accordance with the provision of Battelle’s self-insured plans. For example, Anthem is the claims administrator for the medical plans.

Co-insurance – A form of medical cost sharing that requires a covered person to pay a stated percentage of medical expenses after the deductible amount, if any, is paid.

Co-payment or Co-pay – A form of medical cost sharing that requires a covered person to pay a fixed dollar amount when a medical service is received.

Deductible – A fixed dollar amount that must be paid before the plan pays certain medical and dental benefits.

Formulary Drugs – A drug formulary is a list of prescription drugs that are preferred by your health plan. The list can include both generic and brand-name drugs that have been approved by the US Food and Drug Administration (FDA). When a drug is listed by your health plan, it may be referred to as a “formulary drug” because it is found on the formulary list.

Generic Drugs – Once a brand-name medicine’s patent expires, a generic version of the same drug, containing the same active ingredients, can be made and sold. Generic drugs must meet the same quality and safety standards as their brand-name counterparts. Using generic drugs usually costs less.

Network or Network Provider – A group of doctors, hospitals, or other health care providers who have contracted with a claims administrator (for example, Anthem) to provide services to covered members for less than their usual fees. Using network providers usually costs less.

Network Only Plan – A type of medical plan in which the claims administrator (for example, Anthem) has contracted with physicians or health care organizations within a network. You must use a network provider in order to receive coverage. There is no coverage for non-network services except in the case of an emergency.

Non-Formulary Drugs – A drug formulary is a list of prescription drugs that are preferred by your health plan. When a drug is not listed by your health plan, it may be referred to as a “non-formulary drug” because it is not found on the formulary list. Non-formulary drugs usually cost more and may not be covered or only partially covered by your plan.

Non-Network or Out-of-Network Provider – Physicians, hospitals, or other health care providers who have not contracted with a claims administrator (for example, Anthem) to provide services at a discount. Expenses incurred for services provided by non-network providers are not covered.

Out-of-Pocket Maximum – The most you pay each year in deductibles, co-insurance, co-pays, and other expenses. After you reach the out-of-pocket maximum, the plan pays 100 percent of eligible expenses for the remainder of the year.

Over-the-Counter (OTC) Drugs – Medicine that can be purchased from a pharmacy or store without a doctor's prescription.

Percent Co-insurance: The percent amount of the total cost of the prescription that you are responsible to pay. The dollar amount will vary depending on the cost of the items.

Preferred Provider Organization (PPO) Plan – A type of health or dental plan in which the claims administrator (for example, Delta Dental of Ohio) has contracted with providers within a network. You may choose to work with any of the providers within this network with higher coverage from the plan, or you may choose to work with a provider outside of the network in which you receive less coverage and bear more expense.

Prescription – A written or electronic order for a medicine or drug that meets the legal requirements of a prescription in the state in which the medical expense is incurred and that is issued by an individual who is legally authorized to issue a prescription in that state.

Prescription Drugs – Medicine that requires a doctor's prescription in order to be filled by the pharmacy.

Tier – The level of coverage that you choose as most-suitable for you and your family.